

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDS/IPC-05	
1. TITLE OF REPORT (If a fill-in report include Form No.)						2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
EDPE Acquisition History - Format E							
3. FUNCTIONAL AREA	<input checked="" type="checkbox"/>	PERSONNEL	<input checked="" type="checkbox"/>	TRAINING	<input checked="" type="checkbox"/> COMM	ADMIN. GENERAL	
	<input checked="" type="checkbox"/>	LOGISTICS	<input checked="" type="checkbox"/>	SECURITY		OTHER (specify)	
	<input checked="" type="checkbox"/>	MEDICAL	<input checked="" type="checkbox"/>	FINANCE		MIS	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
2		Perpetual - Semi Annual			1 - OPPB		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Coded Transcript Sheet		<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.		BOB Circular No. A-83		
10. PREPARING COMPONENT (include lowest level contributing information to report)		11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)					
Directorate		Received from 7 DD/S Directorates, worked, consolidated and fed to OPPB					
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
13	9.40		2		\$18.80		2 \$37.60
B. COSTS OF COMPUTER PRODUCED REPORTS							
1 page x 3 copies x .03 = \$.09							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
OMB Requirement - Initial Report June 1967							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	
<input type="checkbox"/> CHANGE						DOLLARS	
<input type="checkbox"/> DISCONTINUE						N/A	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION
		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100190035-9					